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Purpose

This Annual Statement has been produced by Atherley House Surgery in accordance with The Health and Social Care Act 2008 Code of Practice on the prevention and control of infections and related guidance.

It includes.

- 1 Infection transmission incidents and actions required.
- 2 IPC Risk Assessments undertaken, and any change made.
- 3 Staff training
- 4 Review and Update of Policies
- 5 Antimicrobial prescribing

Infection transmission incidents

Our annual clinical waste audit identified one cross contamination incident. This was a low-risk incident of an incorrect usage of sharps bins to dispose of non-infectious contaminated waste.

Learning from this incident has resulted in an update being provided by the practice IPC lead to the clinical team and clearer signage being displayed in each clinical room.

No other infection transmission incidents have been identified or reported throughout the year.

IPC Audits and Actions

The Annual Infection Prevention and Control audit was completed by Justine Baker Practice Nurse

A short audit was completed by the practice team, led by our IPC lead, regarding samples being left at reception.

Over one week the nurses and reception teams kept a tally of samples handed in to the practice.

Sixteen samples were dropped in by patients.

RESULTS

Of 16 samples brought in 4 were not expected and two of these were in the wrong container

OUTCOME

A meeting was held between all staff and it was agreed that only patients who have spoken to a clinician should bring in a sample. Anyone presenting with an MSU which they considered to be a UTI must first have had a consultation with a clinician.

FOLLOW UP

As a result, we have reduced the number of specimens being dropped in to the practice. This is making better use of practice and NHS resource and reducing additional burden on clinicians.

We also have had occasions where the sample were not in correct container. The audit showed 2 examples of this in 1 week.

Reception staff were advised not to accept these.

The clinicians were advised to ensure correct container and paperwork is left for patient if collecting

Newsletter sent quarterly to patients had article re using correct containers and sample collections

The aim of this work is to improve patient safety ensuring all samples are dealt with promptly, with no delay in diagnosis and reducing risk of cross infection to staff dealing with samples.

This has helped us maintain our commitment to antimicrobial stewardship by keeping inappropriate prescribing of antibiotics to a minimum.

Risk Assessment

Weekly visual risk assessment carried out of practice by IPC lead. Any issues with cleaning or equipment are raised and actioned to ensure all areas are of high standard, clutter free and safe for patients and staff.

Immunisations of Staff

New members of the practice staff are up to date with immunisations. Following the recent measles outbreak vaccinations records of staff were reviewed to ensure all staff were covered; those who had not been vaccinated were encouraged to attend their GP for vaccination.

Cleaning of communal equipment

Audit was completed to ensure shared equipment was cleaned effectively between uses. Daily logs were introduced for cleaning of equipment in patient facing areas.

Legionella Testing

We have outsourced regular water testing, which is conducted every 6 months, we have an internal member of staff who also runs monthly water temperature checks within the practice.

Training and Policies

All staff are expected to complete yearly E learning to a minimum of IPC level 1. Staff with additional responsibilities and all clinicians are trained to IPC level 2. Our IPC lead regularly attends locally held IPC forums.

Posters are displayed at all sinks throughout the practice including those in patient toilets.

IPC lead will be providing an update to all staff at the next in-house training event.

Our IPC policy has been updated to reflect latest guidance and include the local contacts and resources available to the practice. This is readily available to all staff members.

Antimicrobial Prescribing

As part of the Medicines Optimisation Incentive Scheme within our ICB the practice has chosen to focus on improving and reducing our prescribing of antibiotics. This work is being audited with support of our ICB Medicines Optimisation team. This is an ongoing piece of work that will be evaluated at regular intervals to ensure that appropriate prescribing is taking place in line with guidelines.

During this last 12 months the practice decided to look at the use of Rescue Packs for patients with COPD.

A search was done looking at patients who had used 3 or more over a 12-month period. The COPD Nurse lead and our pharmacist set up joint clinics to review these patients to ensure their inhaled medications were optimised, they had full understanding of antibiotic use. Offered Pulmonary Rehab or referred into secondary care.

The aim was to empower patients to deal with their chronic disease in a more informed way, hopefully decreasing hospital admissions, costs and better healthcare outcomes for the patient.

Review Date March 2026 by J Baker GPN and IPC lead